SYLVIE RATELLE STD/HIV PREVENTION TRAINING CENTER OF NEW ENGLAND

EVENING DINNER LECTURE SERIES --- REGISTRATION FORM---

Please fill out this form and indicate whi application is confidential and will be us	* * *	rend. The information requested in this
May 15, 2008, "STD Vaccines: Hepatitis,		
at Dorchester House Multi Service Center, I	Oorchester, MA	
November 6, 2008, "Non-Occupational STD/HIV Prophylaxis", 6:00pm - 7:30pm		
at Dimock Community Health Center, Roxbury, MA		
RACE/ETHNICITY: White, non-Hispanic Black, non-Hispanic Hispanic/Latino/Chicano Asian Native Hawaiian/Pacific Islander American Indian/Alaskan Native Other		
Name		
Title/Position		
Department/Division		
Healthcare Organization		
Office Address		
City	State	Zip
Telephone	Fax	Email
Home Address		
City	State	Zip
Telephone	Fax	Email
Have you attended any PTC courses, if so pla	ease give name and dates of courses a	attended:

Please mail or fax your completed registration form at least 2 weeks prior to the lecture date to:

Sylvie Ratelle STD/HIV Prevention Training Center of New England

State Laboratory Institute

305 South Street, Room 560 Jamaica Plain, MA 02130 Phone: [617] 983-6945 Fax: [617] 983-6962